

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E534	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/25/2015
NAME OF PROVIDER OR SUPPLIER ATTICA LONG TERM CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 302 N BOTKIN ATTICA, KS 67009		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following citations represent the findings of a health resurvey and complaint investigations #84283, #85470, and #93181. An electronic revision of the 2567 was sent to the facility on 11/30/15.	F 000			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This Requirement is not met as evidenced by: The facility identified a census of 47 residents. The 22 residents sampled included 2 reviewed for choices. Based on observation, interview, and record review the facility failed to provide bathing choices for 1 (#3) of the 2 residents reviewed for choices. Findings included: - Review of resident #3's Admission MDS (minimum data set), dated 2-9-15, revealed the resident had a BIMS (brief interview for mental status) of 9, indicating the resident had moderately impaired cognition. The resident required extensive assistance of 1 for personal hygiene, required physical help for part of the bathing activity with supervision provided by staff. He/she had limitation in ROM (range of motion) in the resident's bilateral lower extremities. Review of preferences revealed it was very important for	F 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	<p>Continued From page 1</p> <p>the resident to choose between a tub bath and shower.</p> <p>The CAA (care area assessment), dated 2-9-15, documented the resident required some assistance with daily personal hygiene, showering and toileting.</p> <p>Review of the resident's, undated, Bathing Preferences and Practices, revealed the resident preferred baths 2 times a week during the evening shift.</p> <p>Review of care tracker documentation (certified nurse aide care of residents documentation), revealed the resident received showers only during the past 3 months.</p> <p>On 11-16-15 at 10:47 a.m., the resident when asked about the facility honoring bathing choices, reported he/she had to take a shower now, but would like to be offered a whirlpool or a tub bath, but it never comes up. He/she had always taken a tub bath at home and enjoyed soaking in the water.</p> <p>On 11-17-15 at 2:53 p.m., direct care staff L, stated the staff have a bathing schedule which lets staff know when each resident wants their bath. This resident is scheduled on Tuesday and Friday evenings for a shower. The option of a tub bath is not offered to the resident with each bathing time. If a resident wanted a tub bath or a whirlpool, the staff would need to take the resident to a different part of the facility, and it could mess up the bathing schedules.</p> <p>On 11-18-15 at 3:37 p.m., social service staff O stated, a preference sheet is filled out for each resident on admission. These are filled out by the</p>	F 242			

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F 242	<p>Continued From page 2 staff admitting the resident.</p> <p>On 11-18-15 at 1:05 p.m., licensed nursing staff G stated, the resident usually decides when they want to bathe and what type of bath he/she wants. The admitting staff member will ask these questions at the time of admission.</p> <p>On 11-23-15 at 9:37 a.m., administrative nursing staff B stated, the preference sheet indicates the resident prefers to have a tub bath in the evening. Staff B stated it would be the expectation that staff honor this resident's desire to bathe in the tub during the evening.</p> <p>The facility policy, dated 9/14, for bathing of elders, documented the elders will be given a choice regarding which type of bath they prefer. The elders will be asked what days, time of the day and which type of bathing the resident would prefer. This information will be documented on their individualized plan of care.</p> <p>The facility failed to provide the resident's choice and preferences for a tub bath for bathing.</p>	F 242			
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 47 residents. Based on observation and interview, the facility failed to provide maintenance and housekeeping services for the facility environment and resident's living areas in 2 of 3 halls, and in 2 of 3 common living areas.</p>	F 253			

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F 253	<p>Continued From page 3</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation, on 11-23-15 at 10:00 am, with maintenance staff D, revealed the following resident areas in need of cleaning an/or repair. <p>A) 300 hall</p> <ol style="list-style-type: none"> 1.) A resident room contained a wall with 7 nails extruding approximately 1/2 inch. Maintenance staff D stated there probably were pictures hanging in this area. 2.) A resident room contained 17 small holes where nails had been removed. Maintenance staff D stated the rooms are painted when a resident leaves if there is time before another resident moved in. 3.) A resident room contained a sink back splash with a missing piece of laminate approximately 1 by 2.5 inches. 4.) A resident bathroom contained a toilet with a brown discoloration around the base. 5.) A resident room contained discolored areas on the back splash behind the 2 sinks. 6.) The west hall common living area contained a bathroom with scrapes in the paint along the lower wall area approximately 2 by 2 inches. 7.) A recliner in a resident room contained ripped areas approximately 4 inches in length on both sides of the lower front. 8.) A door to a resident room contained areas of missing veneer approximately 24 inches in height 	F 253			

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F 253	<p>Continued From page 4</p> <p>by 3 inches at the widest width. The bathroom door contained scrapes across the width of the door.</p> <p>9.) The curved floor to wall floor covering contained 28 areas with cracks ranging in size from 8 to 24 inches in length.</p> <p>200 HALL</p> <p>1.) Seven resident room doors contained scrapes along the width of the lower portion of the doors.</p> <p>2.) Silver colored panels on the dining room doors contained discolorations.</p> <p>3.) A silver colored panel on the activity room door contained discolored areas, and the door jam contained black scrapes along the lower 10 inches.</p> <p>4.) The common living area, contained a door with a silver panel, with discolorations and the door jam and contained an approximate 10 inch scrape in the paint.</p> <p>5.) The residents' common living area contained a recliner with worn vinyl upholstery, approximately 10 by 10 inches.</p> <p>6.) The heating/cooling unit, in the hallway, contained a front panel with multiple black scrapes across the width of the unit.</p> <p>7.) A resident room contained built in drawers with scrapes of various sizes, in the paint, and scrapes on the wall by the recliner measuring 10 by 10 inches.</p>	F 253			

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F 253	<p>Continued From page 5</p> <p>8.) A resident room contained scrapes on the wall beneath the light fixture, measuring approximately 8 by 8 inches.</p> <p>9.) An outside area within view of 2 resident's room contained 2 metal circular laundry cart frames, 2 black pallet type structures, and an accumulation of branches and leaves, making the area unsightly. Maintenance staff D stated the black structures were used as planter elevations and was unsure of where to store them, and did not know why the laundry carts were in the area.</p> <p>10.) The curved floor to wall floor covering contained 14 areas with cracks ranging in size from 8 to 24 inches in length.</p> <p>Special care unit</p> <p>1.) The common residents' living area contained a recliner with worn vinyl upholstery approximately 10 by 4 inches in 3 areas and a second recliner with an area of worn vinyl upholstering approximately 18 by 10 inches. A third recliner contained arm rests with cracks in the upholstery.</p> <p>2.) A resident room wall contained 6 scraped areas approximately 1/2 by 1/2 inch and 2 by 2 inches.</p> <p>The facility policy for maintenance services, updated July 2015, advised staff to paint whenever it is required and varnished surfaces.</p> <p>The facility failed to maintain an orderly and comfortable interior for the residents of the facility in these resident areas.</p>	F 253			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	F 279			

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F 279	<p>Continued From page 6</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 47 residents with 22 selected for review, including one reviewed for urinary incontinence. Based on observation, interview and record review, the facility failed to develop the care plan for 1 selected resident to include an individualized toileting plan. (#2)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #2's Quarterly MDS (minimum data set), dated 10-5-15, revealed the resident was assessed with a BIMS (brief interview for mental status) score of 4 indicating severe cognitive deficit, required extensive assistance with dressing, toilet use and personal hygiene and was independent with ambulation. 	F 279			

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F 279	<p>Continued From page 7</p> <p>The MDS identified the resident as frequently incontinent of urine with no current toileting plan, received a diuretic and had rejection of care and wandering 1-3 days of the look back period.</p> <p>The annual MDS, dated 2-2-15, assessed the resident with a BIMS score of 3 indicating severe cognitive deficit, required extensive assistance with toilet use, personal hygiene, and had a trial of toileting with no improvement, was not on a current toileting program and was frequently incontinent of urine.</p> <p>The CAA (care area assessment) for urinary incontinence, dated 2-3-15, assessed the resident as frequently incontinent of urine and staff advised to cue him/her to use the toilet and the resident did allow staff to assist with toileting and changing incontinent products and would also take him/herself to the toilet at times.</p> <p>The care plan, updated 10-8-15, advised staff to change the resident's incontinence products and assist with perineal care. Staff advised to cue the resident to use the toilet every 2 hours and as needed, The resident was able to take him/herself to the toilet at times, but often forgets, and staff advised to keep the bathroom light on at night.</p> <p>The Nurse Aide care plan, dated 10-13-15, in a folder in the resident's room, revealed the resident was on a scheduled toileting plan, however, there was no individualized plan documented.</p> <p>Review of the three day voiding diary, dated 9-28-15 through 9-30-15, revealed the resident experienced incontinence episodes on 9-28-15 and 9-30-15 at 9:00 am and experienced</p>	F 279			

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F 279	<p>Continued From page 8</p> <p>incontinence 11:00 am 9-28-15 and 9-30-15, incontinence on 9-29-15 at 12:00 pm and 1:00 pm and 2:00 pm on 9-28-15. The resident experienced incontinence episodes throughout the 3 day observations.</p> <p>The quarterly nursing assessment, dated 9-29-15, assessed the resident with impaired cognitive ability to use the toilet due to decline in memory and inability to remember day to day toileting tasks. Staff are to remind the resident to toilet and the resident will urinate in the toilet but often was already wet.</p> <p>Observation, on 11-17-15 at 8:08 am, revealed the resident ambulated from the dining room to his/her room. The resident's pants were wet in the buttocks area.</p> <p>Interview, on 11-18-15 at 9:30 am, with direct care staff R, revealed the resident toileted him/herself, but was incontinent at times, and did not always cooperate with staff.</p> <p>Interview, on 11-18-15 at 9:45 am, with licensed nursing staff E, revealed the resident was incontinent of urine and doubted if a toileting plan could be implemented as the resident was stubborn at times, and staff would change his pants when wet.</p> <p>Observation, on 11-23-15 at 7:45 am, revealed the resident seated in the dining room eating breakfast. At 9:53 am observation revealed the resident ambulating from the dining room with his/her pants wet in the buttock area.</p> <p>Interview, on 11-23-15 at 10:00 am, with direct care staff H, revealed the resident will sit at the dining room table, until some one tells him/her the</p>	F 279			

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F 279	<p>Continued From page 9</p> <p>meals are paid for. Staff H stated the resident needs to be toileted, and thought he/she was toileted before breakfast, but was not sure.</p> <p>Interview, on 11-23-15 at 4:32 pm, with nursing staff P, revealed he/she did not know what type of incontinence the resident had, and usually evaluated the voiding diary for incontinence and looked through the chart for physician identification of the incontinence. Staff P did not think the resident had a toileting plan.</p> <p>Interview, on 11-23-15 at 1:23 pm, with administrative nursing staff B, revealed the resident was not on a toileting plan, and the staff should remind the resident to toilet.</p> <p>The facility policy for urinary incontinence, revised 8/2014, advised staff to conduct and incontinence assessment to help determine the type of incontinence. The different types of incontinence were defined as urge, stress, mixed, functional deficit, transient and overactive bladder/overflow incontinence and a care plan will be developed and followed for the incontinence identified.</p> <p>The facility failed to develop an individualized toileting care plan to assist with restoring or improving bladder function for this resident.</p>	F 279			
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate</p>	F 315			

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F 315	<p>Continued From page 10</p> <p>treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 47 residents with 22 selected for review, including one reviewed for urinary incontinence. Based on observation, interview and record review, the facility failed to provide an individual toileting program for the one (#2) resident reviewed for incontinence.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #2's Quarterly MDS (minimum data set), dated 10-5-15, revealed the resident was assessed with a BIMS (brief interview for mental status) score of 4 indicating severe cognitive deficit, required extensive assistance with dressing, toilet use and personal hygiene and was independent with ambulation. The MDS identified the resident as frequently incontinent of urine with no current toileting plan, received a diuretic and had rejection of care and wandering 1-3 days of the look back period. <p>The annual MDS, dated 2-2-15, assessed the resident with a BIMS score of 3 indicating severe cognitive deficit, required extensive assistance with toilet use, personal hygiene, and had a trial of toileting with no improvement, was not on a current toileting program and was frequently incontinent of urine.</p> <p>The CAA (care area assessment) for urinary incontinence, dated 2-3-15, assessed the resident as frequently incontinent of urine and staff advised to cue him/her to use the toilet and the resident did allow staff to assist with toileting</p>	F 315			

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F 315	<p>Continued From page 11 and changing incontinent products and would also take him/herself to the toilet at times.</p> <p>The care plan, updated 10-8-15, advised staff to change the resident's incontinence products and assist with perineal care. Staff advised to cue the resident to use the toilet every 2 hours and as needed, The resident was able to take him/herself to the toilet at times, but often forgets, and staff advised to keep the bathroom light on at night.</p> <p>The Nurse Aide care plan, dated 10-13-15, in a folder in the resident's room, revealed the resident was on a scheduled toileting plan, however, there was no individualized plan documented.</p> <p>Review of the three day voiding diary, dated 9-28-15 through 9-30-15, revealed the resident experienced incontinence episodes on 9-28-15 and 9-30-15 at 9:00 am and experienced incontinence 11:00 am 9-28-15 and 9-30-15, incontinence on 9-29-15 at 12:00 pm and 1:00 pm and 2:00 pm on 9-28-15. The resident experienced incontinence episodes throughout the 3 day observations.</p> <p>The quarterly nursing assessment, dated 9-29-15, assessed the resident with impaired cognitive ability to use the toilet due to decline in memory and inability to remember day to day toileting tasks. Staff are to remind the resident to toilet and the resident will urinate in the toilet but often was already wet.</p> <p>Observation, on 11-17-15 at 8:08 am, revealed the resident ambulated from the dining room to his/her room. The resident's pants were wet in the buttocks area.</p>	F 315			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E534	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/25/2015
NAME OF PROVIDER OR SUPPLIER ATTICA LONG TERM CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 302 N BOTKIN ATTICA, KS 67009		
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F 315	<p>Continued From page 12</p> <p>Observation, on 11-18-15 at 8:15 am, revealed the resident in the dining room eating breakfast, at 9:00 am, the resident ambulated to his/her room and toileted self.</p> <p>Interview, on 11-18-15 at 9:15 am, with direct care staff Q, revealed the resident toileted him/herself.</p> <p>Interview, on 11-18-15 at 9:30 am, with direct care staff R, revealed the resident toileted him/herself, but was incontinent at times, and did not always cooperate with staff.</p> <p>Interview, on 11-18-15 at 9:45 am, with licensed nursing staff E, revealed the resident was incontinent of urine and doubted if a toileting plan could be implemented as the resident was stubborn at times, and staff would change his pants when wet.</p> <p>Observation, on 11-23-15 at 7:45 am, revealed the resident seated in the dining room eating breakfast. At 9:53 am observation revealed the resident ambulating from the dining room with his/her pants wet in the buttock area.</p> <p>Interview, on 11-23-15 at 10:00 am, with direct care staff H, revealed the resident will sit at the dining room table, until some one tells him/her the meals are paid for. Staff H stated the resident needs to be toileted, and thought he/she was toileted before breakfast, but was not sure.</p> <p>Interview, on 11-23-15 at 4:32 pm, with nursing staff P, revealed he/she did not know what type of incontinence the resident had, and usually evaluated the voiding diary for incontinence and looked through the chart for physician</p>	F 315			

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F 315	Continued From page 13 identification of the incontinence. Interview, on 11-23-15 at 1:23 pm with administrative nursing staff B, revealed the resident was not on a toileting plan, and the staff should remind the resident to toilet. The facility policy for urinary incontinence, revised 8/2014, advised staff to conduct and incontinence assessment to help determine the type of incontinence. The different types of incontinence were defined as urge, stress, mixed, functional deficit, transient and overactive bladder/overflow incontinence and a care plan will be developed and followed for the incontinence identified. The facility failed to provide an individualized toileting program to assist with restoring or improving bladder function for this resident.	F 315			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic	F 329			

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F 329	<p>Continued From page 14</p> <p>drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This Requirement is not met as evidenced by: The facility identified a census of 47 residents. The sample included 22 residents, with 5 reviewed for unnecessary medication usage. Based on observation, record review, and interview the facility failed to ensure no unnecessary medications with adequate monitoring for 2 of the 5 sampled residents including; (#8) with anti-hypertensive medication and anti-psychotic medications and for (#45) with constipation and failure to assess for effectiveness of administration of PRN (as needed) medications administered.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The physician orders, dated 11/2/15, revealed resident #8 was admitted to the facility on 3/8/14 with the following diagnoses including: hypertension (elevated blood pressure), major depressive disorder (major mood disorder), restlessness and agitation. <p>The CAA (care area assessment), dated 6/29/15, for cognition, documented the resident had times when he/she became anxious and would want someone to sit or walk next to him/her the entire time.</p> <p>The care plan dated 9/23/15, documented related to high blood pressure medication, the staff were</p>	F 329			

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F 329	<p>Continued From page 15</p> <p>to check the resident ' s vital signs weekly. The resident received Tekturna (anti-hypertensive medication), 300 mg (milligrams), daily, for hypertension, and instructed staff to not give it if the resident ' s systolic blood pressure was less than 100.</p> <p>However, the physician ordered on, 3/30/15, Tekturna, 300 mg, 1 by mouth, every day at noon. Hold if the systolic blood pressure is less than 100 or a pulse less than 50. Therefore, the staff would not know if they should hold this medication if the blood pressure/pulse were not obtained or documented prior to the medication administration.</p> <p>Review from Feb, 2015 through November 23, 2015, of the only blood pressures found documented, with the resident's weekly vital signs revealed the staff failed to obtain even weekly blood pressures on 2/15/15, 5/9/15, 10/22/15, and 11/4/15. The record lacked any explanation as to why staff failed to obtain the resident ' s blood pressure readings on these days.</p> <p>On 11/16/15 at 3:30 p.m., the resident sat in his/her room, in a wheelchair and appeared well groomed, and without behaviors.</p> <p>On 11/23/15 at 1:31 p.m., direct care staff S stated the resident's blood pressures and pulse were usually taken with the medication administration but then explained the staff failed to document those blood pressures/pulses when obtained.</p> <p>On 11/23/15 at 1:37 p.m., administrative nursing staff A stated the facility had standing orders for all medication/vital signs parameters. Staff A explained he/she would expect the staff to take</p>	F 329			

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F 329	<p>Continued From page 16</p> <p>vitals for this resident before administering the medication to ensure the blood pressure and pulse were within the parameters as ordered by the physician. However, all residents were to have vital signs obtained weekly. Staff A further explained the blank areas on the documentation should not be left blank. There should be vital signs and/or blood pressures in the blank spaces on the documentation.</p> <p>The facility policy, dated October 2014, for medication monitoring, documented the facility will collaborate with the prescriber to identify parameters such as pulse and BP for monitoring medications and medication combinations that pose a risk for adverse consequences and for monitoring the effectiveness of medications.</p> <p>Furthermore, the resident's significant change MDS (minimum data set), dated 6/29/5, revealed the resident with a BIMS (brief interview for mental status) score of 12, indicating moderately impaired cognition. The resident with a mood score of 6 indicating mild mood/depression. The resident received an antidepressant medication for 7 days.</p> <p>The CAA (care area assessment) dated 6/29/15, for psychotropic medication, documented a diagnosis of depression and the resident currently received Lexapro and Remeron (anti-depressant medications) routinely for treatment of depression. The resident experienced signs of depression with decreased appetite, withdrawal, and sad thoughts of being down. The resident also had just started on Buspar and Ativan (anti-anxiety medications) to be taken as needed for anxiousness.</p> <p>The quarterly MDS, dated 9/21/15, revealed the</p>	F 329			

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F 329	<p>Continued From page 17</p> <p>resident experienced other behaviors, not directed towards others, but these occurred daily.</p> <p>The care plan dated 9/23/15, documented the use of psychotropic medication by the resident. The resident experienced times of withdrawal, poor appetite, and little energy. The resident received medications of Lexapro, Buspar, Ativan, and Remeron for depression, restlessness, and agitation at times. Instructions to staff included to monitor for worsening signs and symptoms of depression.</p> <p>The physician ordered on 3/30/15, Lexapro (anti-depressant), 20 mg, 1 by mouth at noon for a major depressive disorder.</p> <p>The physician ordered on 6/16/15, Remeron (anti-depressant), 1 by mouth every evening for a major depressive disorder.</p> <p>The physician ordered on 6/29/15, Buspirone (Buspar- anti-anxiety), 10 mg, 1 by mouth twice daily for agitation and restlessness.</p> <p>The physician ordered on 7/30/15, Ativan (anti-anxiety), 0.5 mg, 1/2 tablet, by mouth three times daily for anxiety.</p> <p>Review of the facility documentation for monitoring of the resident's behaviors included: withdrawal, decreased appetite, social isolation, unable to sit for any length of time, and restlessness.</p> <p>Review of the behavior monitoring for the month of August, 2015 revealed 17 blank spaces for the documented 6 various behaviors monitored.</p> <p>Review of the behavior monitoring for the month</p>	F 329			

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F 329	<p>Continued From page 18 of September, 2015 revealed 48 blank spaces for the documented 6 behaviors monitored.</p> <p>Review of the behavior monitoring for the month of October, 2015 revealed 25 blank spaces for the documented 6 behaviors monitored.</p> <p>Review of the behavior monitoring from November 1 through the 23, 2015 revealed 29 blank spaces for the documented 6 behaviors monitored.</p> <p>On 11/18/15 at 1:05 p.m., licensed nursing staff G stated the behaviors were documented on the behavior sheets by the nurses as well as on the kiosk (computer program), in care tracker (nurse aides computer documentation of cares) by the CNAs (certified nursing assistant). If a resident was having a behavior, the CNAs would notify the nurses of the behavior. Licensed nursing staff G stated he/she was unsure of why there were empty spaces on the behavior monitoring sheets. Staff G further explained this could be times when the facility had agency nursing staff working and the agency staff may not be aware of the need to complete the resident's behavior sheets.</p> <p>On 11/23/15 at 1:37 p.m., administrative nursing staff A explained the staff were expected to fill out the behavior sheets during each shift. He/she stated the staff were not doing their jobs by leaving blanks on the resident's behavior sheets.</p> <p>The facility policy, dated October 2014, for medication monitoring documented the facility will monitor for the effectiveness of the medications, including the target behaviors/conditions indicating the administration of the medication.</p> <p>The facility failed to monitor this resident's blood</p>	F 329			

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F 329	<p>Continued From page 19</p> <p>pressure/pulse, and targeted behaviors, while the received anti-hypertensive, anti-depressant and antianxiety medications, to ensure no adverse consequences with unnecessary medications.</p> <p>- The signed physician orders, dated 11/2/15, of Resident #45, documented the resident admitted on 4/3/15, with the following diagnoses including; dementia -(progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, delirium due to known physiological condition (sudden severe confusion, disorientation and restlessness), alzheimers's disease (progressive mental deterioration characterized by confusion and memory failure), and pain.</p> <p>The Quarterly MDS (minimum data set), dated 7/6/15, revealed the resident had a BIMS (brief interview for mental status) score of 3, indicating severely impaired cognition. The resident did have delusions, no behavioral symptoms, and no rejection of care or wandering. The resident was occasionally incontinent of urine and bowel. The resident pain assessment interview revealed no pain.</p> <p>The significant change MDS, dated 9/28/15, revealed the resident was unable to answer the pain assessment interview, and the staff assessment indicated the resident had non-verbal sounds, vocal complaints, and protective body movement or postures to indicate pain. Pain or possible pain observed daily on the 7 day look back.</p> <p>The CAA (care area assessment) was dated 10/1/15. The cognitive CAA revealed the resident</p>	F 329			

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F 329	<p>Continued From page 20</p> <p>experienced confusion and paranoia. The resident had a fall which resulted in a fractured pelvis. The resident received Mirtazapine for sad expression and thoughts, Ativan for aggression and outbursts of anxiety and paranoia, and Percocet (narcotic), and Roxanol (morphine solution/ a narcotic) for pain.</p> <p>The physician orders included the following:</p> <p>7/22/15 Ativan 1 mg (milligram) every 4 hours po (oral) PRN (as needed) for dementia in other diseases with behavioral disturbance</p> <p>9/24/15 Morphine solution 20 mg/5 ml (milliliter), 0.25 ml - 1 ml every 4 hours as needed for pelvic pain</p> <p>9/24/15 Percocet 5-325 mg every 4 hours as needed for pain.</p> <p>Standing order for Milk of Magnesia 45 ml orally as needed for constipation. If no bowel movement in 2-3 days, then Dulcolax suppository 1-2 per rectum.</p> <p>Review of the September 2015 MAR (medication administration review) revealed staff administered Ativan 1 mg (milligram) prn 14 times, and lacked effectiveness of the medication 8 times and the staff administered Percocet prn 30 times, and lacked follow-up of the effectiveness of the medication 20 times.</p> <p>Review of the October 2015 MAR, evidenced staff administered Ativan prn 5 times, and lacked effectiveness of the medication 1 time, staff administered the morphine (roxinal) prn 24 times, and lacked effectiveness of the medication 8 times, and staff administered the Percocet prn 35</p>	F 329			

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F 329	<p>Continued From page 21</p> <p>times, and lacked follow-up of the effectiveness of the medication 16 times.</p> <p>Review of the November 2015 MAR, evidenced staff administered the prn Percocet and prn Ativan on 11/8/15 and lacked follow-up of the effectiveness of the medication.</p> <p>Furthermore, review of the Bowel movement records from 8/25/15 to 11/23/15, revealed the resident had a bowel movement on 9/9/15, and lacked another bowel movement until 9/16/15 (6 days). The resident lacked a bowel movement from 9/25/15 to 10/1/15 (6 days), lacked a bowel movement from 10/3/15 until 10/9/15 (6 days), lacked bowel movement from 10/31/15 to 11/4/15 (4 days) (had one on the 4th) and lacked bowel movement from 11/4/15 to 11/11/15 (9 days), and lacked bowel movement from 11/13/15 to 11/23/15 (9 days).</p> <p>The MAR revealed no laxative was given in November, 2015</p> <p>On 11/17/2015 at 3:22 PM, direct care staff K, stated the resident had pain, and he/she did administer pain medication which was effective. If the resident had no bowel movement in 2 days, then should administer the milk of magnesia and if no results, then staff should administer the Dulcolax suppository.</p> <p>On 11/18/2015 at 12:23 PM, licensed nursing staff G, stated staff should document the prn follow-ups for effectiveness on the back of the MAR. Licensed nursing staff G verified that the MAR lacked documentation of the effectiveness of the prn medications administered. .</p>	F 329			

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F 329	<p>Continued From page 22</p> <p>On 11/18/2015 at 12:24 PM, administrative nursing staff B, verified staff were to document the prn's on the back of the MAR. The documentation expected was to follow up on any prn medication given. If the resident did not have a bowel movement in 3 days, the resident would receive Milk of magnesia. The nurses were expected to run a report every night, and would give the list of those residents who needed a laxative to the medication aide to administer.</p> <p>On 11/23/2015 at 11:30 am, licensed nursing staff G, stated if a resident did not have a bowel movement for 3 days, then staff should administer the milk of magnesia. If the resident did not have results, then on the 4th day of no bowel movement, the physician would be notified for further orders.</p> <p>On 11/23/2015 at 3:18 PM, administrative nursing staff C, verified the bowel protocol in the policy referred to the standing order of the physician.</p> <p>11/23/2015 at 10:49 AM, consultant staff U, stated he/she did not audit how often a resident had a bowel movement. The expectation for the effectiveness of any prn medication is to have nursing staff chart the effectiveness of prn medications. The consultant staff U, stated he/she did randomly review the back of the MAR for effectiveness.</p> <p>The facility's policy, dated 7/2014, for bowel habits, revealed the licensed nurse on each shift would generate a bowel report from the system at the beginning of the shift and initiate the bowel protocol as appropriate. A laxative ordered by the physician for the elder given if the elder had no bowel movement in the previous 6 eight hour</p>	F 329			

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F 329	Continued From page 23 shifts (3 days). Follow the bowel protocol if the elder does not have a BM after the first step of the protocol. Furthermore, the facility's medication monitoring, dated 10/2014, revealed the effects of medications on elders are monitored to assess the effectiveness of the medication therapy. Each elder's response to medication administered is monitored according to his/her clinical needs. All prn medications will be documented on the MAR and /or nursing progress note of the efficacy/ outcome of the administration. The facility failed to monitor for the effectiveness of prn medication for this cognitively impaired resident with pain and anxiety, Furthermore, the facility failed to monitor for bowel movements for this cognitively impaired resident at risk for constipation.	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This Requirement is not met as evidenced by: The facility had a census of 47 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions for the residents of the facility.	F 371			

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F 371	<p>Continued From page 24</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During a tour of the kitchen on 11-18-15 at 11:40 a.m., with dietary manager staff M, the following items/areas of concern were noted: 1.) A drawer contained 8 salad dressing scoops which rested on a dirty paper towel. 2.) A drawer which contained rubber spatulas had a build-up of dried food crumbs/particles around the inside edges of the drawer. This drawer also held a marinating brush with plastic bristles, which staff placed in the drawer soiled with solidified debris on the bristles. A large metal spatula was missing the protective finishing around the edges. 3.) A drawer contained measuring cups, 2 knife sharpeners and a wooden rolling pin all of which held a build-up of food debris and a sticky substance. One of the knife sharpeners was covered in rust and the wooden handle was scratched, making it an uncleanable surface. 4.) A drawer which held toothpicks and lubricant had a metal rusted bottom with food debris resting on the rusted bottom. 5.) The inside of the microwave oven had dried on food. 6.) The base of the mixer stand had dried on food. 7.) Two trash cans in the kitchen had food debris on the tops, fronts and foot pedals. 8.) The reach ins fridge contained food for the residents with food debris across the bottom. 	F 371			

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F 371	<p>Continued From page 25</p> <p>9.) A shelf held plastic food container lids with dirt across it.</p> <p>10.) Three cooling racks held a heavy build-up of a black substance.</p> <p>11.) Five, 1 dozen cupcake pans, had been put away ready for use and held food particles inside.</p> <p>12.) Five, small cookie sheets had a build-up of a dark substance around the inside edges and corners.</p> <p>13.) The toaster had a build-up of crumbs on the inside.</p> <p>14.) A notebook, holding the weekly menus, had a heavy build-up of food debris and grease over the outside cover.</p> <p>On 11-23-15 at 10:17 a.m., dietary supervisor M stated, he/she was the person ultimately responsible for the oversight of the kitchen. He/she stated there was a cleaning schedule, but that did not mean everything always was done. He/she would need to start following up and ensuring the cleaning of the kitchen was done properly.</p> <p>The facility policy for dietary cleaning procedures, dated 2/15, documented the facility will store, prepare, distribute and serve food under sanitary conditions to ensure that proper sanitation and food handling practices to prevent the outbreak of foodborne illness is attained continuously. Staff members are responsible for checking the cleaning schedule daily to ensure that tasks scheduled for that day are performed. A daily, weekly and monthly cleaning schedule will be</p>	F 371			

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F 371	Continued From page 26 developed by the CDM (certified dietary manager).The can opener and the dishes to be cleaned daily. The facility failed to store, prepare, and serve food under sanitary conditions to prevent the potential for food borne illnesses for the residents of the facility.	F 371			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This Requirement is not met as evidenced by: The facility identified a census of 47 residents. The sample included 22 residents, with 5 reviewed for unnecessary medication usage. Based on observation, record review, and interview the facility pharmacist consultant failed to identify the facility staff failure to obtain adequate monitoring for 2 of the 5 sampled residents including; (#8) with anti-hypertensive medication and anti-psychotic medications and for (#45) with constipation and failure to assess for effectiveness of administration of PRN (as needed) medications administered. Findings included: - The physician orders, dated 11/2/15, revealed	F 428			

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F 428	<p>Continued From page 27</p> <p>resident #8 was admitted to the facility on 3/8/14 with the following diagnoses including: hypertension (elevated blood pressure), major depressive disorder (major mood disorder), restlessness and agitation.</p> <p>The CAA (care area assessment), dated 6/29/15, for cognition, documented the resident had times when he/she became anxious and would want someone to sit or walk next to him/her the entire time.</p> <p>The care plan dated 9/23/15, documented related to high blood pressure medication, the staff were to check the resident ' s vital signs weekly. The resident received Tekturna (anti-hypertensive medication), 300 mg (milligrams), daily, for hypertension, and instructed staff to not give it if the resident ' s systolic blood pressure was less than 100.</p> <p>However, the physician ordered on, 3/30/15, Tekturna, 300 mg, 1 by mouth, every day at noon. Hold if the systolic blood pressure is less than 100 or a pulse less than 50. Therefore, the staff would not know if they should hold this medication if the blood pressure/pulse were not obtained or documented prior to the medication administration.</p> <p>Review from Feb, 2015 through November 23, 2015, of the only blood pressures found documented, with the resident's weekly vital signs revealed the staff failed to obtain even weekly blood pressures on 2/15/15, 5/9/15, 10/22/15, and 11/4/15. The record lacked any explanation as to why staff failed to obtain the resident ' s blood pressure readings on these days.</p> <p>On 11/16/15 at 3:30 p.m., the resident sat in</p>	F 428			

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F 428	<p>Continued From page 28</p> <p>his/her room, in a wheelchair and appeared well groomed, and without behaviors.</p> <p>On 11/23/15 at 1:31 p.m., direct care staff S stated the resident's blood pressures and pulse were usually taken with the medication administration but then explained the staff failed to document those blood pressures/pulses when obtained.</p> <p>On 11/23/15 at 1:37 p.m., administrative nursing staff A stated the facility had standing orders for all medication/vital signs parameters. Staff A explained he/she would expect the staff to take vitals for this resident before administering the medication to ensure the blood pressure and pulse were within the parameters as ordered by the physician. However, all residents were to have vital signs obtained weekly. Staff A further explained the blank areas on the documentation should not be left blank. There should be vital signs and/or blood pressures in the blank spaces on the documentation.</p> <p>The facility policy, dated October 2014, for medication monitoring, documented the facility will collaborate with the prescriber to identify parameters such as pulse and BP for monitoring medications and medication combinations that pose a risk for adverse consequences and for monitoring the effectiveness of medications.</p> <p>Furthermore, the resident's significant change MDS (minimum data set), dated 6/29/5, revealed the resident with a BIMS (brief interview for mental status) score of 12, indicating moderately impaired cognition. The resident with a mood score of 6 indicating mild mood/depression. The resident received an antidepressant medication for 7 days.</p>	F 428			

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F 428	<p>Continued From page 29</p> <p>The CAA (care area assessment) dated 6/29/15, for psychotropic medication, documented a diagnosis of depression and the resident currently received Lexapro and Remeron (anti-depressant medications) routinely for treatment of depression. The resident experienced signs of depression with decreased appetite, withdrawal, and sad thoughts of being down. The resident also had just started on Buspar and Ativan (anti-anxiety medications) to be taken as needed for anxiousness.</p> <p>The quarterly MDS, dated 9/21/15, revealed the resident experienced other behaviors, not directed towards others, but these occurred daily.</p> <p>The care plan dated 9/23/15, documented the use of psychotropic medication by the resident. The resident experienced times of withdrawal, poor appetite, and little energy. The resident received medications of Lexapro, Buspar, Ativan, and Remeron for depression, restlessness, and agitation at times. Instructions to staff included to monitor for worsening signs and symptoms of depression.</p> <p>The physician ordered on 3/30/15, Lexapro (anti-depressant), 20 mg, 1 by mouth at noon for a major depressive disorder.</p> <p>The physician ordered on 6/16/15, Remeron (anti-depressant), 1 by mouth every evening for a major depressive disorder.</p> <p>The physician ordered on 6/29/15, Buspirone (Buspar- anti-anxiety), 10 mg, 1 by mouth twice daily for agitation and restlessness.</p> <p>The physician ordered on 7/30/15, Ativan</p>	F 428			

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F 428	<p>Continued From page 30 (anti-anxiety), 0.5 mg, 1/2 tablet, by mouth three times daily for anxiety.</p> <p>Review of the facility documentation for monitoring of the resident's behaviors included: withdrawal, decreased appetite, social isolation, unable to sit for any length of time, and restlessness.</p> <p>Review of the behavior monitoring for the month of August, 2015 revealed 17 blank spaces for the documented 6 various behaviors monitored.</p> <p>Review of the behavior monitoring for the month of September, 2015 revealed 48 blank spaces for the documented 6 behaviors monitored.</p> <p>Review of the behavior monitoring for the month of October, 2015 revealed 25 blank spaces for the documented 6 behaviors monitored.</p> <p>Review of the behavior monitoring from November 1 through the 23, 2015 revealed 29 blank spaces for the documented 6 behaviors monitored.</p> <p>On 11/18/15 at 1:05 p.m., licensed nursing staff G stated the behaviors were documented on the behavior sheets by the nurses as well as on the kiosk (computer program), in care tracker (nurse aides computer documentation of cares) by the CNAs (certified nursing assistant). If a resident was having a behavior, the CNAs would notify the nurses of the behavior. Licensed nursing staff G stated he/she was unsure of why there were empty spaces on the behavior monitoring sheets. Staff G further explained this could be times when the facility had agency nursing staff working and the agency staff may not be aware of the need to complete the resident's behavior sheets.</p>	F 428			

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F 428	<p>Continued From page 31</p> <p>On 11/23/15 at 1:37 p.m., administrative nursing staff A explained the staff were expected to fill out the behavior sheets during each shift. He/she stated the staff were not doing their jobs by leaving blanks on the resident's behavior sheets.</p> <p>The facility policy, dated October 2014, for medication monitoring documented the facility will monitor for the effectiveness of the medications, including the target behaviors/conditions indicating the administration of the medication.</p> <p>On 11/23/15 at 1:31 p.m., consultant staff U stated that he/she does not review if the staff are obtaining blood pressure or pulses before giving certain medications, which would have ordered parameters. Staff U explained he/she assumed that was being done if it was ordered that way. Furthermore, he/she stated that he/she does not review the resident's behavior monitoring sheets on the residents. However, staff U did review the nurses notes before making adjustments on medications or before recommending GDRs (gradual dose reduction) to the physician's or after a new medication was started.</p> <p>The facility pharmacist failed to identify the irregularity of the facility staff failure to adequately monitor this resident's blood pressure/pulse, and targeted behaviors, while the resident received anti-hypertensive, anti-depressant and antianxiety medications, to ensure no adverse consequences with unnecessary medications.</p> <p>- The signed physician orders, dated 11/2/15, of Resident #45, documented the resident admitted on 4/3/15, with the following diagnoses including;</p>	F 428			

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F 428	<p>Continued From page 32</p> <p>dementia -(progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, delirium due to known physiological condition (sudden severe confusion, disorientation and restlessness), alzheimers's disease (progressive mental deterioration characterized by confusion and memory failure), and pain.</p> <p>The Quarterly MDS (minimum data set), dated 7/6/15, revealed the resident had a BIMS (brief interview for mental status) score of 3, indicating severely impaired cognition. The resident did have delusions, no behavioral symptoms, and no rejection of care or wandering. The resident was occasionally incontinent of urine and bowel. The resident pain assessment interview revealed no pain.</p> <p>The significant change MDS, dated 9/28/15, revealed the resident was unable to answer the pain assessment interview, and the staff assessment indicated the resident had non-verbal sounds, vocal complaints, and protective body movement or postures to indicate pain. Pain or possible pain observed daily on the 7 day look back.</p> <p>The CAA (care area assessment) was dated 10/1/15. The cognitive CAA revealed the resident experienced confusion and paranoia. The resident had a fall which resulted in a fractured pelvis. The resident received Mirtazapine for sad expression and thoughts, Ativan for aggression and outbursts of anxiety and paranoia, and Percocet (narcotic), and Roxanol (morphine solution/ a narcotic) for pain.</p> <p>The physician orders included the following:</p>	F 428			

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F 428	<p>Continued From page 33</p> <p>7/22/15 Ativan 1 mg (milligram) every 4 hours po (oral) PRN (as needed) for dementia in other diseases with behavioral disturbance</p> <p>9/24/15 Morphine solution 20 mg/5 ml (milliliter), 0.25 ml - 1 ml every 4 hours as needed for pelvic pain</p> <p>9/24/15 Percocet 5-325 mg every 4 hours as needed for pain.</p> <p>Standing order for Milk of Magnesia 45 ml orally as needed for constipation. If no bowel movement in 2-3 days, then Dulcolax suppository 1-2 per rectum.</p> <p>Review of the September 2015 MAR (medication administration review) revealed staff administered Ativan 1 mg (milligram) prn 14 times, and lacked effectiveness of the medication 8 times and the staff administered Percocet prn 30 times, and lacked follow-up of the effectiveness of the medication 20 times.</p> <p>Review of the October 2015 MAR, evidenced staff administered Ativan prn 5 times, and lacked effectiveness of the medication 1 time, staff administered the morphine (roxinal) prn 24 times, and lacked effectiveness of the medication 8 times, and staff administered the Percocet prn 35 times, and lacked follow-up of the effectiveness of the medication 16 times.</p> <p>Review of the November 2015 MAR, evidenced staff administered the prn Percocet and prn Ativan on 11/8/15 and lacked follow-up of the effectiveness of the medication.</p> <p>Furthermore, review of the Bowel movement records from 8/25/15 to 11/23/15, revealed the</p>	F 428			

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F 428	<p>Continued From page 34</p> <p>resident had a bowel movement on 9/9/15, and lacked another bowel movement until 9/16/15 (6 days). The resident lacked a bowel movement from 9/25/15 to 10/1/15 (6 days), lacked a bowel movement from 10/3/15 until 10/9/15 (6 days), lacked bowel movement from 10/31/15 to 11/4/15 (4 days) (had one on the 4th) and lacked bowel movement from 11/4/15 to 11/11/15 (9 days), and lacked bowel movement from 11/13/15 to 11/23/15 (9 days).</p> <p>The MAR revealed no laxative was given in November, 2015</p> <p>On 11/17/2015 at 3:22 PM, direct care staff K, stated the resident had pain, and he/she did administer pain medication which was effective. If the resident had no bowel movement in 2 days, then should administer the milk of magnesia and if no results, then staff should administer the Dulcolax suppository.</p> <p>On 11/18/2015 at 12:23 PM, licensed nursing staff G, stated staff should document the prn follow-ups for effectiveness on the back of the MAR. Licensed nursing staff G verified that the MAR lacked documentation of the effectiveness of the prn medications administered. .</p> <p>On 11/18/2015 at 12:24 PM, administrative nursing staff B, verified staff were to document the prn's on the back of the MAR. The documentation expected was to follow up on any prn medication given. If the resident did not have a bowel movement in 3 days, the resident would receive Milk of magnesia. The nurses were expected to run a report every night, and would give the list of those residents who needed a laxative to the medication aide to administer.</p>	F 428			

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F 428	<p>Continued From page 35</p> <p>On 11/23/2015 at 11:30 am, licensed nursing staff G, stated if a resident did not have a bowel movement for 3 days, then staff should administer the milk of magnesia. If the resident did not have results, then on the 4th day of no bowel movement, the physician would be notified for further orders.</p> <p>On 11/23/2015 at 3:18 PM, administrative nursing staff C, verified the bowel protocol in the policy referred to the standing order of the physician.</p> <p>11/23/2015 at 10:49 AM, consultant staff U, stated he/she did not audit how often a resident had a bowel movement. The expectation for the effectiveness of any prn medication is to have nursing staff chart the effectiveness of prn medications. The consultant staff U, stated he/she did randomly review the back of the MAR for effectiveness.</p> <p>11/23/2015 at 10:49 AM, consultant staff U, stated he/she did not audit how often a resident had a bowel movement. The expectation for the effectiveness of any prn medication is to have nursing staff chart the effectiveness of prn medications. The consultant staff U, stated he/she did randomly review the back of the MAR for effectiveness.</p> <p>The facility's policy, dated 7/2014, for bowel habits, revealed the licensed nurse on each shift would generate a bowel report from the system at the beginning of the shift and initiate the bowel protocol as appropriate. A laxative ordered by the physician for the elder given if the elder had no bowel movement in the previous 6 eight hour shifts (3 days). Follow the bowel protocol if the elder does not have a BM after the first step of the protocol. Furthermore, the facility's</p>	F 428			

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NAME OF PROVIDER OR SUPPLIER ATTICA LONG TERM CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 302 N BOTKIN ATTICA, KS 67009		
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F 428	<p>Continued From page 36</p> <p>medication monitoring, dated 10/2014, revealed the effects of medications on elders are monitored to assess the effectiveness of the medication therapy. Each elder's response to medication administered is monitored according to his/her clinical needs. All prn medications will be documented on the MAR and /or nursing progress note of the efficacy/ outcome of the administration.</p> <p>The facility failed consultant failed to ensure the facility monitored the effectiveness of prn medication for this cognitively impaired resident with pain and anxiety. Furthermore, the facility consultant failed to ensure the facility monitored for bowel movements for this cognitively impaired resident at risk for constipation.</p>	F 428			